

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028365

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316
FILED AUG 8 1962

Primary Registration District No.

3057

Registrar's No.

329

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Bonne Terre

Length of stay in 1b

1 Week

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Bonne Terre Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY St. Francois

c. CITY
OR
TOWN

Desloge

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

114 S 4th. St.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Samuel

Crouthers

St. Gemme

4. DATE
OF
DEATH

Month

Day

Year

August

2nd.

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 25, 1882 - 79

9. AGE (last birthday)

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Lead Miner

10b. KIND OF BUSINESS OR INDUSTRY

Lead Mining

11. BIRTHPLACE (City and state or country)

Madison Co. Missouri USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

William St. Gemme

13b. MOTHER'S MAIDEN NAME

Sarah Hahn

14. NAME OF HUSBAND OR WIFE

Mae Kelly St. Gemme

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Marietta Long, Desloge, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

Known (Spec)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to Aug 2, 1962 and last saw him alive on Aug 2, 1962
Death occurred at 7:00A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. L. Foster M.D.

22b. ADDRESS

Desloge, Missouri

22c. DATE SIGNED

8-2-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/4/1962

23c. NAME OF CEMETERY OR CREMATORY

Parkview Cemetery

23d. LOCATION (City, town, or county)

Farmington, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.Z. Boyer & Son, Inc. Desloge, Mo

25. DATE RECD. BY LOCAL REG.

Aug 2, 1962

26. REGISTRAR'S SIGNATURE

Esther R. Redloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.